

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	*	*	*	*	*
	1	/					51					
2	/					52						
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46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.	4											
TOTAL DEP.	9											
TOTAL CLAIMS	13											

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY